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3762
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/009,044 ✓
Applicants : STECKER, ET AL.
Filed : APRIL 30, 2002
Title : OPTIMISING COCHLEAR IMPLANT ELECTRODE SELECTION

Art Unit : TO BE ASSIGNED
Examiner : TO BE ASSIGNED.

Atty Docket No. COCH-0032-US1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

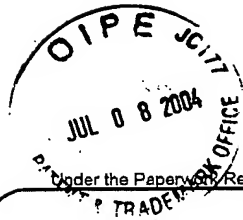
- ☒ Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.
- ☒ Statement under 37 CFR 3.73(b).
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication, including fees under 37 C.F.R. §§ 1.16 and 1.17 or credit any overpayment to **Deposit Account Number 10-0233-COCH-0032-US1**.

Respectfully submitted,

Ajay A. Jagtiani
Registration Number 35,205

JAGTIANI + GUTTAG
Democracy Square Business Center
10363-A Democracy Lane
Fairfax, Virginia 22030
(703) 591-2664

July 8, 2004



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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/009,044
Filing Date	April 30, 2002
First Named Inventor	STECKER, Mathias
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	COCH-0032-US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22,506

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

22,506

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jagtiani + Guttag				
Address	10363-A Democracy Lane				
Address					
City	Fairfax	State	VA	Zip	22030
Country	United States				
Telephone	703.591.2664	Fax	703.591.5907		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

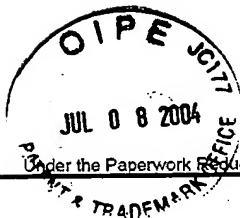
Name	Jayne Andrews, Patent Manager of Cochlear Limited		
Signature			
Date	10 JUNE 2004	Telephone	+61-2.9428.6555

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Stecker, et al.Application No./Patent No.: 10/009,044 Filed/Issue Date: April 30, 2002Entitled: Optimising Cochlear Implant Electrode SelectionCochlear Limited, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 013208, Frame 0001, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

10 JUNE 2004

Date

+61 2.9425.6555

Telephone number

Jayne Andrews

Typed or printed name

Jayne Andrews

Signature

Patent Manager of Cochlear Limited

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Assignment of Filed Patent Application

1-015

December 3, 2001

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United Kingdom

gnor: Cochlear Limited
ress: ACN 002 618 073
14 Mars Road
P.O. Box 629
Lane Cove, New South Wales 2066
COMMONWEALTH OF AUSTRALIA

If there is more than one Assignor or Assignee, the words "Assignor" and "Assignee" shall include them.

This assignment relates to a United States patent application signed by Assignor and entitled

OPTIMIZING COCHLEAR IMPLANT ELECTRODE SELECTION

This patent application was filed in the United States Patent and Trademark Office on August 6, 2001.
Received Serial No. 09/296,371. This patent application is called "the Patent Application".

10/009,044
Assignor has received Ten Dollars (\$10.00) and other good and valuable consideration for this assignment.

Assignor assigns to Assignee all of Assignor's right, title and interest in the Patent Application, the invention described and claimed in the Patent Application, and all patents that may issue based on the invention disclosed on the Patent Application in the United States and in every foreign country. Assignor also assigns to Assignee all priority rights in the Patent Application.*

In those countries where permitted, the Assignor authorizes the Assignee to apply for patents for the invention directly in Assignee's name.* Assignor authorizes the Commissioner of Patents and Trademarks or her governmental authority to issue all patents for the invention directly to Assignee.

* Strike italicized sections only if foreign rights are not intended to be assigned.

Assignor states that Assignee has the right to grant to Assignee the rights which are assigned by this assignment. Assignor will sign any additional documents as may be needed to carry out the purpose of this assignment.

This assignment is binding on all parties who lawfully succeed to the rights of or take the place of Assignor or Assignee.

The effective date of this assignment is the date at the top of this assignment.

TYPED OR PRINTED NAME(S)			DATE	SIGNATURE(S)
<u>Denise</u>	<u>CAFARELLI-DEES</u>			
First Name	Middle Initial	Last Name		
<u>1st Ludwig</u>	<u>VON WALLENBERG</u>			
First Name	Middle Initial	Last Name		
<u>Norbert</u>	<u>DILLER</u>			
First Name	Middle Initial	Last Name		
<u>Wai Kong</u>	<u>LAI</u>			
First Name	Middle Initial	Last Name		
<u>Jochen</u>	<u>NICOLAI</u>			
First Name	Middle Initial	Last Name		
<u>Mathias</u>	<u>STECKER</u>		<u>20.3.02</u>	<u>Mathias Stecker</u>
First Name	Middle Initial	Last Name		
<u>Roland</u>	<u>LASZIG</u>			
First Name	Middle Initial	Last Name		
<u>Joachim</u>	<u>MUELLER-DELLE</u>			
First Name	Middle Initial	Last Name		

Assignor states that Assignor has the right to grant to Assignee the rights which are assigned by this assignment. Assignor will sign any additional documents as may be needed to carry out the purpose of this assignment.

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TYPED OR PRINTED NAME(S)

DATE

SIGNATURE(S)

Denise CAFARELLI-DEES
First Name Middle Initial Last Name

Ernst Ludwig VON WALLENBERG
First Name Middle Initial Last Name

Norbert DILLER
First Name Middle Initial Last Name

Wai Kong LAI
First Name Middle Initial Last Name

Jochen NICOLAI
First Name Middle Initial Last Name

Mathias STECKER
First Name Middle Initial Last Name

Roland LASZIG
First Name Middle Initial Last Name

Joachim MUELLER-DELLE
First Name Middle Initial Last Name

12.7.2002 E. Wallenberg

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TYPED OR PRINTED NAME(S)

DATE

SIGNATURE(S)

Denise CAFARELLI-DEES
First Name Middle Initial Last Name

Ludwig VON WALLENBERG
First Name Middle Initial Last Name

Norbert DILGER
First Name Middle Initial Last Name

Wai Kong LAI
First Name Middle Initial Last Name

Jochen NICOLAI
First Name Middle Initial Last Name

Mathias STECKER
First Name Middle Initial Last Name

Roland LASZIG
First Name Middle Initial Last Name

Joachim MUELLER-DELLE
First Name Middle Initial Last Name

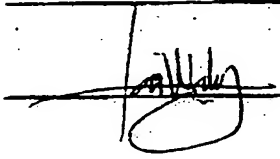
14-3-2002

N. D. L.

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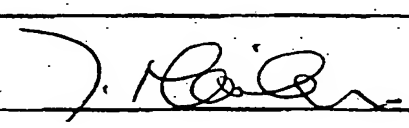
The effective date of this assignment is the date at the top of this assignment.

TYPED OR PRINTED NAME(S)			DATE	SIGNATURE(S)
Denise	CAFARELLI-DEES			
First Name	Middle Initial	Last Name		
Erik Ludwig	VON WALLEMBERG			
First Name	Middle Initial	Last Name		
Norbert	DILLER			
First Name	Middle Initial	Last Name		
Wai Kong	LAI		18.03.2002	
First Name	Middle Initial	Last Name		
Jochen	NICOLAI			
First Name	Middle Initial	Last Name		
Mathias	STECKER			
First Name	Middle Initial	Last Name		
Roland	LASZIG			
First Name	Middle Initial	Last Name		
Joaquim	MUELLER-DELLE			
First Name	Middle Initial	Last Name		

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<u>Denise</u> <u>CAFARELLI-DEES</u> First Name Middle Initial Last Name		
<u>Ist Ludwig</u> <u>VON WALLENBERG</u> First Name Middle Initial Last Name		
<u>Norbert</u> <u>DILLER</u> First Name Middle Initial Last Name		
<u>Wai Kong</u> <u>LAI</u> First Name Middle Initial Last Name		
<u>Jochen</u> <u>NICOLAI</u> First Name Middle Initial Last Name	<u>08/02/02</u>	
<u>Mathias</u> <u>STECKER</u> First Name Middle Initial Last Name		
<u>Roland</u> <u>LASZIG</u> First Name Middle Initial Last Name		
<u>Joachim</u> <u>MUELLER-DELLE</u> First Name Middle Initial Last Name		

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<u>Ernst Ludwig</u> First Name Middle Initial Last Name		
<u>VON WALLENBERG</u> First Name Middle Initial Last Name		
<u>Norbert</u> First Name Middle Initial Last Name		
<u>DILLER</u> First Name Middle Initial Last Name		
<u>Wai Kong</u> First Name Middle Initial Last Name		
<u>LAI</u> First Name Middle Initial Last Name		
<u>Jochen</u> First Name Middle Initial Last Name		
<u>NICOLAI</u> First Name Middle Initial Last Name		
<u>Mathias</u> First Name Middle Initial Last Name		
<u>STECKER</u> First Name Middle Initial Last Name		
<u>Roland</u> First Name Middle Initial Last Name	<u>11.02.02</u>	<u>[Signature]</u>
<u>LASZIG</u> First Name Middle Initial Last Name		
<u>Joachim</u> First Name Middle Initial Last Name		
<u>MUELLER-DELLE</u> First Name Middle Initial Last Name		

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First Name	Middle Initial	Last Name		
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First Name	Middle Initial	Last Name		
Norbert	DILLER			
First Name	Middle Initial	Last Name		
Wai Kong	LAI			
First Name	Middle Initial	Last Name		
Jochen	NICOLAI			
First Name	Middle Initial	Last Name		
Mathias	STECKER			
First Name	Middle Initial	Last Name		
Roland	LASZIG			
First Name	Middle Initial	Last Name		
Joachim	MUELLER-DELLE		11.2.02	
First Name	Middle Initial	Last Name		

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TYPED OR PRINTED NAME(S)

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SIGNATURE(S)

Denise CAFARELLI-DEES
First Name Middle Initial Last Name

15.02.2002

Denise Cafarelli-Dees

Ernst Ludwig VON WALLENBERG
First Name Middle Initial Last Name

Norbert DILLER
First Name Middle Initial Last Name

Wai Kong LAI
First Name Middle Initial Last Name

Jochen NICOLAI
First Name Middle Initial Last Name

Mathias STECKER
First Name Middle Initial Last Name

Roland LASZIG
First Name Middle Initial Last Name

Joachim MUELLER-DELLE
First Name Middle Initial Last Name